

**LEISURE SERVICES BUREAU  
CITY OF SAVANNAH**

Volunteer Registration Form

Team Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Name: \_\_\_\_\_

(First)

(Last)

Home Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Occupation: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Indicate what hours you would be available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____	_____
						—

Review the volunteer job descriptions and list three that interest you or what sports will you be volunteering for?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_

List below two persons we can contact in case of an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE WAIVER**

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, child, children, heirs, executors, and administrators, waive and release any and all rights and claims for damages, which I may have against the City of Savannah, their representatives, successors and employees for any injuries which I may suffer in connection with my participation in this program. I have read the above and understand the rules and regulations of the City of Savannah Volunteer program that have been made available to me.

\_\_\_\_\_

\_\_\_\_\_

(SIGNATURE)

(DATE)